

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. MED-032C4		
Application No. 10/606,409	Filing Date June 25, 2003	Examiner A. R. Reimers	Art Unit 3733		
Applicant(s): Samuel M. Shaolian					
Invention: TRANSPEDICULAR INTERVERTEBRAL DISC ACCESS METHODS AND DEVICES					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	18	- 20 =	0	x 50.00	0.00
Independent Claims	5	- 5 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>07-1700</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
/Eleanor M. Hynes/ Eleanor M. Hynes Attorney/Agent Reg. No.: 58,013  GOODWIN PROCTER LLP 901 New York Avenue, NW Washington, DC 20001 (202) 346-4000			Dated: <u>October 26, 2007</u>		